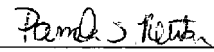


February 6, 2006

Via EFS-Web (Beta)Mail Stop AMENDMENT
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted, or transmitted via EFS-Web (Beta) to the USPTO on the date indicated below.

Date: February 6, 2006

Pamela S. NewtonRe: Patent Application for:
"METHOD OF AND SYSTEM FOR TESTING EQUIPMENT DURING
MANUFACTURING"
Serial No. 10/606,684
Attorney Docket No. P16433-US2

Dear Sir:

Enclosed for filing please find the following items relating to the above-identified application:

- (1) Amendment Transmittal Letter (1 page);
- (2) Amendment (9 pages);
- (3) Declaration of Common Ownership (2 pages); and
- (4) Drawing Replacement Sheet (1 page).

The commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-1379.

Should you have any questions or comments concerning this matter, please feel free to contact the undersigned at 972/583-4145.

Sincerely,

Michael Cameron
Reg. No. 50,298

MGC/psn

AMENDMENT TRANSMITTAL LETTER (Large Entity)	Docket No. P16433-US2
Applicant(s): Bernd Moller, et al.	

Application No. 10/606,684	Filing Date 10/606,684	Examiner Hannon, Christian A	Customer No. 27045	Group Art Unit 2685	Confirmation No. 5302
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Invention: **METHOD OF AND SYSTEM FOR TESTING EQUIPMENT DURING MANUFACTURING**

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT		RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0	x	\$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x	\$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

- No additional fee is required for amendment.
- Please charge Deposit Account No. 50-1379 in the amount of **\$0.00**
- A check in the amount of _____ to cover the filing fee is enclosed.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1379
 - Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application processing fees under 37 CFR 1.17.

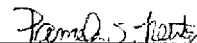


Signature

Dated: *February 6, 2006*

Michael Cameron
Reg No. **50,298**
Ericsson Inc.
6300 Legacy Drive, M/S EVR 1-C-11
Plano, TX 75024

cc:

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 Signature	
Pamela S. Newton	February 6, 2006
Depositor's Name and Date	